## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P92000007580 (3)

BACKGROUND SEARCHES, INC.

Principal Place of Business

6990 49TH STREET N. #A

SIGNATURE:

Mailing Address

6990 49TH STREET N. #A

## FILED May 13 1998 8:00am Secretary of State



PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1992 4. FEI Number Applied For \$ AVE. NO. 26 Not Applicable 59-3179745 Suite, Apt. #, etc. Suite, Apt. #, etc \$8,75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be *3*3113 Trust Fund Contribution Added to Fees <sup>c</sup>ZZSA This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Name and Address of New Registered Agent Name OWENS, PEGGY BEAN 6990 49TH STREET NO., SUITE A Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33781 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamillar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 TITLE Addition TITLE OWENS, PEGGY A 1.2 NAME NAME 2097 GLEN COVE COURT 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34624** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CATY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped or on an attachment with an address.

SIGNATURE:

OH/29/98/813-533-98//